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PTO/SB/21 (02-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

8

Application Number:

09/966,551

Filing Date

September 26, 2001

First Named Inventor

B. Sanders

Art Unit

3644

Examiner Name

T. Dinh

Attorney Docket Number

26272/04003

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
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24024

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Brian E. Kondas

Date

April 12, 2004

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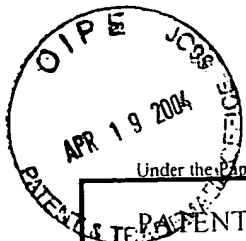
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number 26272/04003
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CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
(Column 1)	(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ 355		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	11 minus 20 = *	0	x \$ 9 =	0	x \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 = *	0	x 40 =	0	x _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =	0	+ _____ =	
			TOTAL	355	OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	(Column 1)	(Column 2)	(Column 3)						
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 16	Minus	** 20	=	0	x \$ 9 =	0	x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	=	0	x 42 =	0	x _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	0	+ _____ =	
					TOTAL	0	OR TOTAL		

CLAIMS AS AMENDED - PART II						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	(Column 1)	(Column 2)	(Column 3)						
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 24(25)	Minus	** 20	=	4 (5)	x \$ 9 =	36	x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	=	0	x 43 =	0	x _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		+ _____ =	
					TOTAL	36	OR TOTAL		

CLAIMS AS AMENDED - PART II						SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
	(Column 1)	(Column 2)	(Column 3)						
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* 25	Minus	** 24	=	1	x \$ 9 =	9	x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	=	0	x 43 =	0	x _____ =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		+ _____ =	
					TOTAL	9	OR TOTAL		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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